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| (Re | equestor's Name) | | | |
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| (Ad | dress) | | | |
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| | ty/State/Zip/Phone | s #0 | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies | _ Certificates | of Status | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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DEC - A 2019 T SCHROEDER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | nge is submitted for a corporation | (7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of | Florida |
|--|--|--|---|
| | | registered agent, or both, in the State of | |
| 1. The name of t | he corporation: THE POINTE A | T MIDDLE RIVER HOMEOWNE | RS ASSOCIATION, |
| 2. The principal | office address: 2900 NE 12th Te | errace, Oakland Park, FL, 33334 | |
| | | | |
| 3. The mailing a | ddress (if different): Spar Creek | Properties, PO Box 4560, Fort L | auderdale FL, 33338 |
| 4. Date of incor | poration/qualification: 02/08/201 | 6 Document number: N1600 | 00001360 |
| | I street address of the current regist tment of State: (If resigned, enter r | ered agent and registered office on file vesigned) | vith the |
| | Royale Management Service | es, Inc | _ |
| | 2319 N Andrews Avenue | | 19 |
| | Fort Lauderdale, FL 33311 | | 1- AON 61 |
| 6. The name and (if changed): | d street address of the new registere | ed agent (if changed) and /or registered o | |
| | PeytonBolin PL | | |
| | 3343 W. Commercial Blvd, | Suite 100 | <i>></i> |
| | | ox NOT acceptable | _ |
| | Fort Lauderdale, FL 33309 | | _ |
| The street address changed will | ess of its registered office and the be identical. | street address of the business office of | its registered agent, |
| Such change wa authorized by th | is authorized by resolution duly ac ne board, or the corporation has be | dopted by its board of directors or by ar en notified in writing of the change. | officer so |
| Stu | n DeVita | Steven DeVito | |
| Signatu | re of an officer or director | Printed or typed name and t | itle |
| I hereby accept I further agree i performance of agent. Or, if th hereby confirm | the appointment as registered age to comply with the provisions of a my duties, and I am familiar with is document is being filed merely t that the corporation has been not | ent and agree to act in this capacity. Il statutes relative to the proper and co, and accept the obligation of my position to reflect a change in the registered offi ified in writing of this change. | mplete m as registered ice address, I |
| | | 10-28-19 Date | |
| Sig | nature of Registered Agent | Date | |
| | half of an entity: | | |
| <u>Можен</u> Т | Pend or Printed Name | | |

* * * FILING FEE: \$35.00 * * *